DEC 1 1 2006 DEC 1 2006 DE

Attorney Docket No.: 80398.P109

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	application of:)		
	Claar, et al.)	Examiner:	Grier, L.
Serial	No.: 08/936,708)	Art Unit:	2615
Filed:	September 5, 1997)		
For:	Method and Apparatus for Providing a Graphical User Interface for a Player/Recorder System)		
P.O. B	top Issue Fee ox 1450)		
Alexar	ndria. VA 22313-1450			

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Applicants are assuming that the Examiner's statement of reasons for allowance is to be taken in light of the structure and interaction recited in the claims. Applicants note that the Examiner's various comments should not be used to read non-existent limitations into the claims.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: DEC. 5, 2006

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FEE CALCULATION (continued)						
4. OTHER FEE(S)						
7	ZIIILIKI L	. <u>L(3)</u>				
Non-I	English Sp	ecification	. \$130 fee	(no small entity discount)	Fees Paid (\$)	
	Entity			(No eman eman) allocation		
Fee	Fee	Small E Fee	Fee			
Code		Code	(\$)	Fee Description		
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812 1813	2,520	1812	2,520	For filing a request for ex parte reexamination		
1804	8,800 920*	1813 1804	8,800 920*	Request for inter parties reexamination		
1805	1,840*	1805	1,840*	Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action		
1251	120	2251	60	Extension for reply within first month		
1252	450	2252	225	Extension for reply within second month		
1253	1,020	2253	510	Extension for reply within third month		
1254	1,590	2254	795	Extension for reply within fourth month		
1255	2,160	2255	1,080	Extension for reply within fifth month		
1401 1402	500 500	2401 2402	250 250	Notice of Appeal		
1402	1,000	2402	250 500	Filing a brief in support of an appeal Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	500	2452	250	Petition to revive – unavoidable		
1453	1,500	2453	750	Petition to revive - unintentional		
1501	1,400	2501	700	Utility issue fee (or reissue)	1400.00	
1502	800	2502	400	Design issue fee		
1503 1462	1100	2503	550	Plant issue fee		
1462	400 200	1462 1463	400 200	Petitions to the Commissioner (CFR 1.17(f) Group I)		
1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(g) Group II) Petitions to the Commissioner (CFR 1.17(h) Group III)		
1807	50	1807	50	Processing fee under 37 CFR 1.17(n) Group iii)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per		
				property (times number of properties)		
1809	790	2809	395	For filing a submission after final rejection		
1814	130	2814	65	(see 37 CFR 1.129(a))		
1810	790	2810	395	Statutory Disclaimer For each additional invention to be examined		
· -				(see 37 CFR 1.129(b))		
1801	790	2801	395	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design		
4 2 4 4	000	4554	•	application		
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	300.00	
1505 1803	300 130	1505 1803	300 130	Publication fee for republication		
1808	130	1808	130	Request for voluntary publication or republication Processing fee under 37 CFR 1.17(i) (except provisionals)		
1454	1,370	1454	1,370	Acceptance of unintentionally delayed claim for priority		
			•			
Other fee (specify)						
Other	fee (specif	·y)				
					700.00	
*Reduced by Basic Filing Fee Paid *Reduced by Basic Filing Fee Paid						
SUBMITTED BY:						
	Typed or Printed Name: Sheryl Sue Holloway					
	_		Siletal			
Signa	ture:			Date: DEC. 5, 7002		
Reg. I	Reg. Number: <u>37,850</u> Telephone Number: <u>408-720-8300</u>					
Send to: Commissioner for Patents, P.O. Roy 1450, Alexandria, VA. 22213, 1450						

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL FOR FY 2005 Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). TOTAL AMOUNT OF PAYMENT (\$) 1700.00 Complete if Known: Application No. ___ 08/936,708 Filing Date 9/24/97 First Named Inventor Claar Examiner Name __ Grier, :L. Art Unit 2615 Attorney Docket No. 80398.P109 Applicant claims small entity status. See 37 CFR 1.27. METHOD OF PAYMENT (check all that apply) __ Check _____ Credit Card Money Order ___ None ____ Other (please identify) **Deposit Account** Deposit Account Number: <u>02-2666</u> **Deposit Account Name:** The Director is Authorized to do the following with respect to the above-identified Deposit Account: Charge fee(s) indicated below. Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application. Charge fee(s) indicated below except for the filing fee Credit any overpayments. Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Large Entity **Small Entity** Fee Fee Fee Fee Code Fee Description (\$) Code (\$) Fees Paid (\$) 1011 300 2011 150 Utility application filing fee 1111 500 2111 250 Utility search fee 1.000/500 1311 200 2311 100 Utility examination fee 1012 200 2012 100 Design application filing fee 1112 100 2112 Design search fee 50 430/215 1312 130 2312 65 Design examination fee 1013 200 2013 100 Plant filing fee 1113 300 2113 150 Plant search fee 660/330 1313 160 2313 80 Plant examination fee 1004 300 2004 150 Reissue filing fee 1114 2114 500 250 Reissue search fee 1,400/700 1314 600 2314 300 Reissue examination fee 1005 200 2005 100 Provisional application filing fee

SUBTOTAL (1) \$ 0

2. EXCESS CLAIM FEES								
Total Claims HP = highest number of total cla Independent Claims HP = highest number of indeper Multiple Dependent Claims		Fee from below Fees Paid (\$) X = X =						
Large Entity Small Entity Fee Fee Fee Code (\$) Code (\$) 1202 50 2202 25 1201 200 2201 100 1203 360 2203 180 1204 200 2204 100 1205 50 2205 25	Fee Description Each claim over 20 Each independent claim over 3 Multiple dependent claims, if not paid Reissue: each claim over 20 and more t Reissue: each independent claim more							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each add'! Fee from								
	Sheets 50 or fraction thereof / 50 = (round up to whole num	below Fees paid (\$) siber) X						
Large Entity Small Entity Fee Fee Fee Code (\$) Code (\$) 1081 250 2081 125 1082 250 2082 125 1083 250 2083 125 1084 250 2084 125	Fee Description: Application size fee f beyond initial 100 sheets (count spec & d Utility Design Plant Reissue	for each additional group of 50 sheets rawings except sequences & program listings):						
		SUBTOTAL (3) \$0						